

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND
	Date of death <i>1905</i> <small>Month</small> <i>June</i> <small>Day</small> <i>9</i>	Age <i>65</i> <small>Years</small>	Months <i>—</i> Days <i>—</i>		
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Somerset Co.</i>		
	Occupation <i>Buy Captain</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laura Blades</i>			
	Father's Name <i>James Blades</i>	Father's Birthplace <i>Somerset Co.</i>			
	Mother's Maiden Name <i>Elizabeth Somers</i>	Mother's Birthplace <i>Worcester Co.</i>			
Name of person giving information <i>Laura Blades</i>		How related to deceased <i>Wife</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Acute Indigestion</i>		How long	<i>12 hours</i>
	Immediate	<i>10</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. J. Hallino</i>		
			Address <i>Crisfield</i>		
	Accident or Suicide?				



Name
in
Full

Van Buren

CERTIFICATE OF DEATH

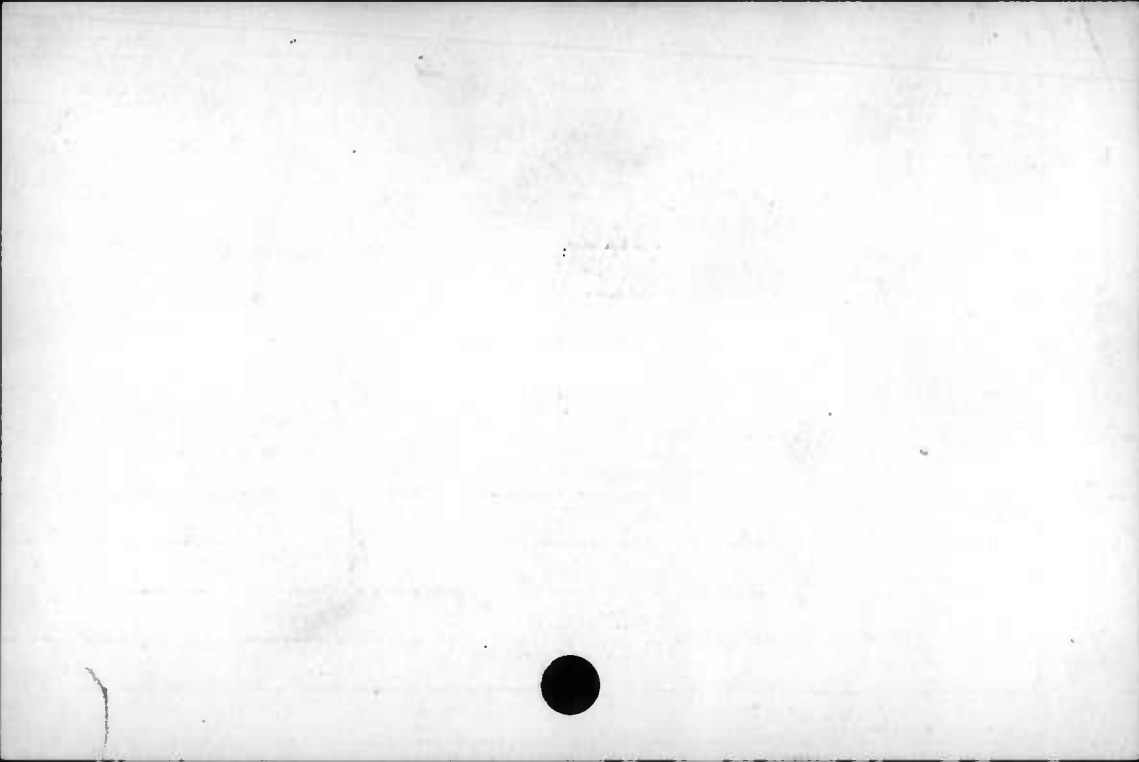
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Bright's disease	1 year
Immediate	How long
asthma	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	S. J. Windsor, M.D.
	Address
	Same Quater, Somerset Co., Md.
Accident or Suicide?	
no	



Name
in Full

Mareillus R. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Deal's Island

Town

Somerset

County

MARYLAND

Date

of death 1905

Month

June

Day

27

Age

Years

51

Months

4

Days

2

Sex

Male

Color or
Race

White

Birth-
place

Deal's Island

Married, Single
or Widowed

Married

Occupation

Waterman

Name of Wife or
Husband

Dora Evans

Father's
Name

William J. Evans

Father's
Birthplace

Deal's Island

Mother's
Maiden Name

Kessiah Evans

Mother's
Birthplace

Deal's Island

Name of person giving
information

William J. Evans

How related
to deceased

Father

CAUSES OF DEATH

Primary

Apoplexy

How long

1 week

Immediate

Arteriosclerosis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

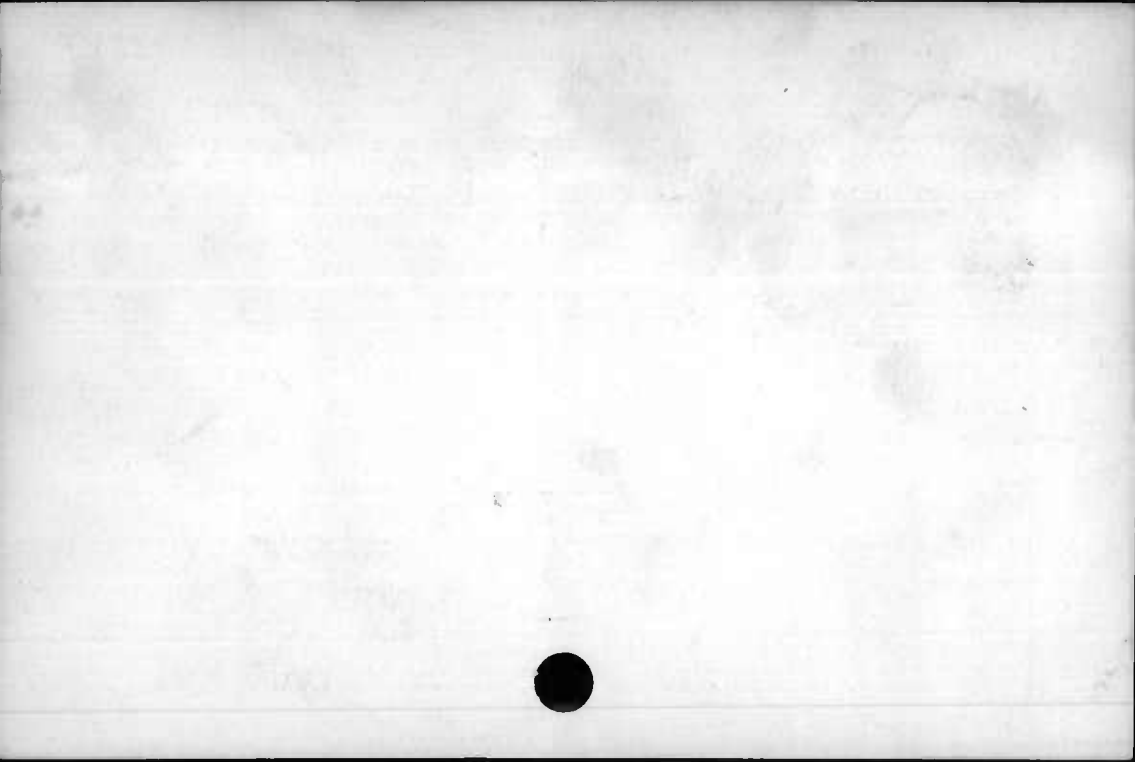
S. J. Winder M.D.,
Daphne Hunter
Somerset Co., Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER

S



Name
in
Fullnot named(Johnson)
County

CERTIFICATE OF DEATH

MARYLAND

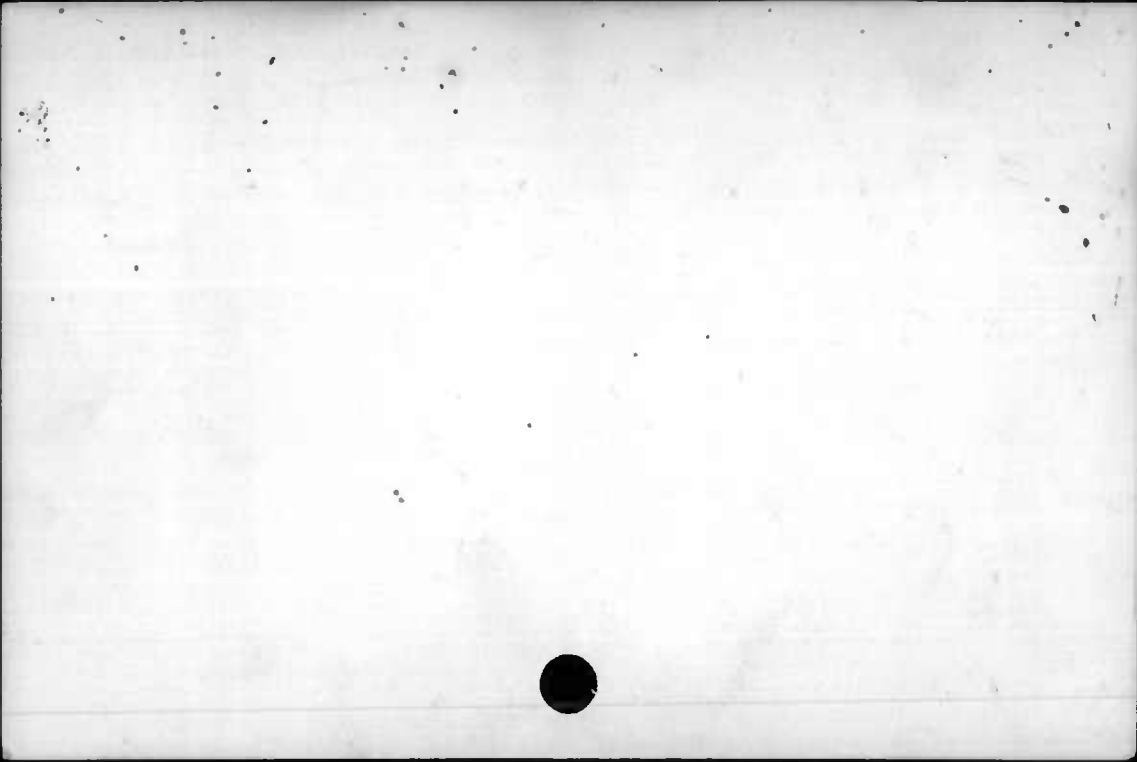
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>2 A.M. Falls Corner</u>		County <u>Summerset</u>			
Date of death	1905	Month <u>June</u>	Day <u>16</u>	Age <u>one</u>	Years <u>five</u> Months <u>17</u> Days
Sex	<u>Male</u>	Color or Race	<u>colored</u>	Birth-place	<u>Quindocqua</u>
Occupation	<u>none</u>	Where Residing if not at place of death		<u>place of death</u>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Samuel J. Johnson</u>		Father's Birthplace	<u>Falls Corner Quindocqua</u>
Mother's Maiden Name		<u>Sarah A. Johnson</u>		Mother's Birthplace	<u>"</u>
Name of person giving Information		<u>Hester E. Johnson</u>		How related to deceased	<u>Grand mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Croup</u>	How long	<u>1 week</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Hester A. Johnson</u> <u>(S. M. H.)</u>	
		Address <u>Falls Corner</u>	
Accident or Suicide? <u>(No physician in attendance)</u>		<u>md</u>	



Name
in
Full

Pauline Jones

CERTIFICATE OF DEATH

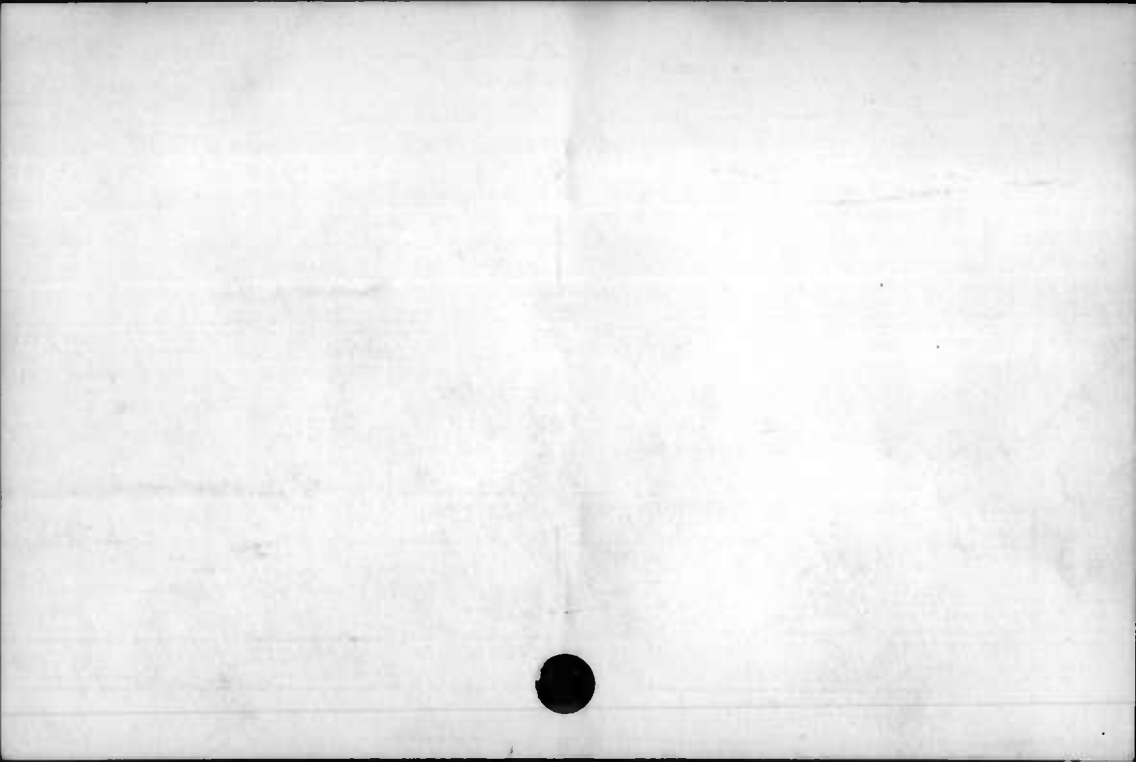
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chambers</i>		County <i>Somerset</i>		MARYLAND	
Date of death 1905		Month <i>June</i>	Day <i>3rd</i>	Age <i>-</i>	Years <i>-</i>	Months <i>10</i>	Days <i>3</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Som. Co.</i>			
Married, Single or Widowed <i>-</i>				Occupation <i>-</i>			
Name of Wife or Husband <i>-</i>							
Father's Name <i>Horace Jones</i>				Father's Birthplace <i>Som. Co.</i>			
Mother's Maiden Name <i>Rosetta Watson</i>				Mother's Birthplace <i>Som. Co.</i>			
Name of person giving information <i>Horace Jones</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>8 mos.</i>
Immediate <i>Asthma</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Vanderhoff</i>
	Address <i>Chambers Station, Somerset Co., Md.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Nestor Maddox

CERTIFICATE OF DEATH

Town

County

Died at

Moundin

Som.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

June

24

Age

78

Sex

Female

Color or
Race

Wool.

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single

or Widowed

Name of Wife or
Husband

Marinbal Maddox

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Cerebral Apoplexy

How long

Immediate

Paralysis

How long

Several months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

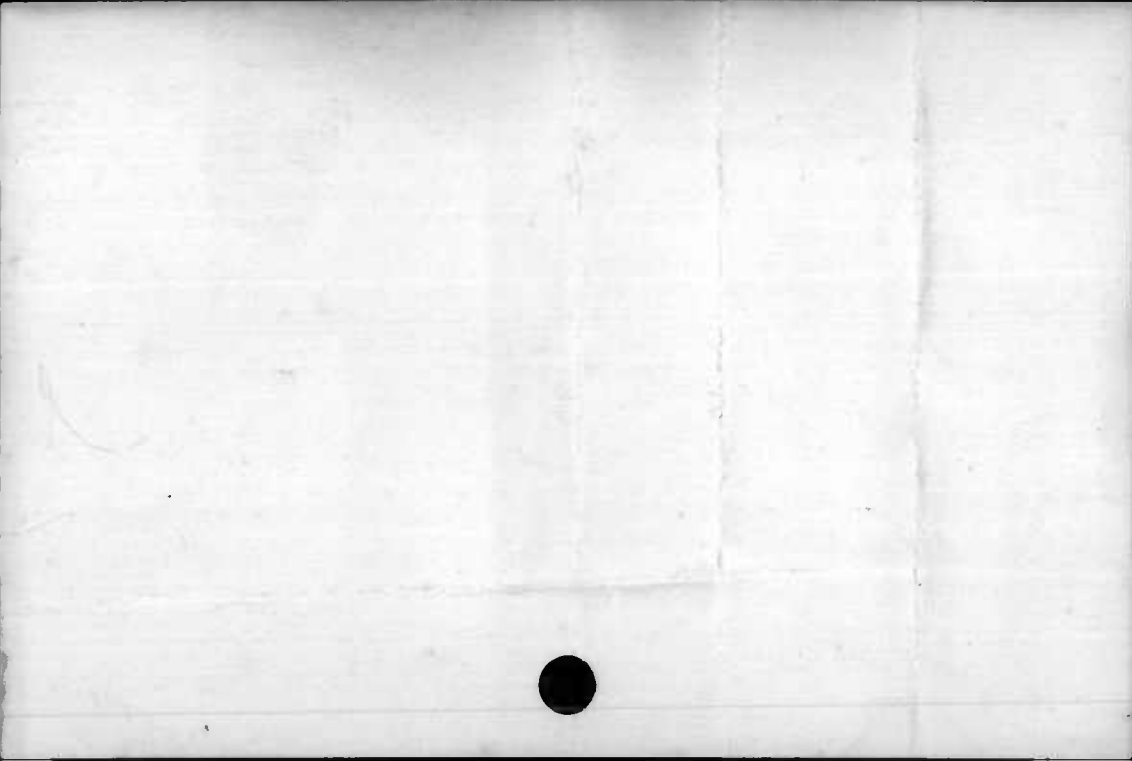
G. W. Giller

Moundin

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Maddox

CERTIFICATE OF DEATH

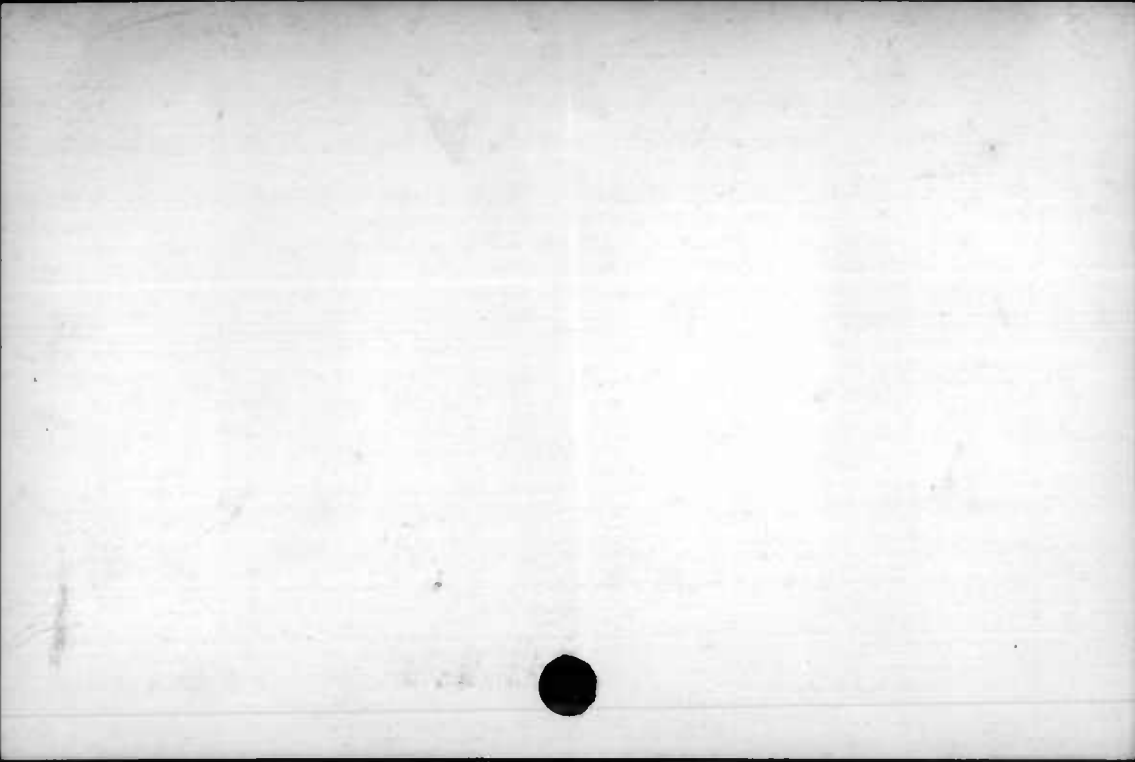
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marysville</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	1905	Month	6	Day	21
Age		Years		Months	3
Sex		Male		Color or Race	Colored
Birth-place		Marysville			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Francis Maddox		
Mother's Maiden Name			Laura Maddox		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	
Signature of Physician	<u>G. W. Gill, M.D.</u>
Address	<u>Marysville</u>
Accident or Suicide?	<u>No.</u>



Name
in
Full

Infant -

Mister (Mr M)

CERTIFICATE OF DEATH

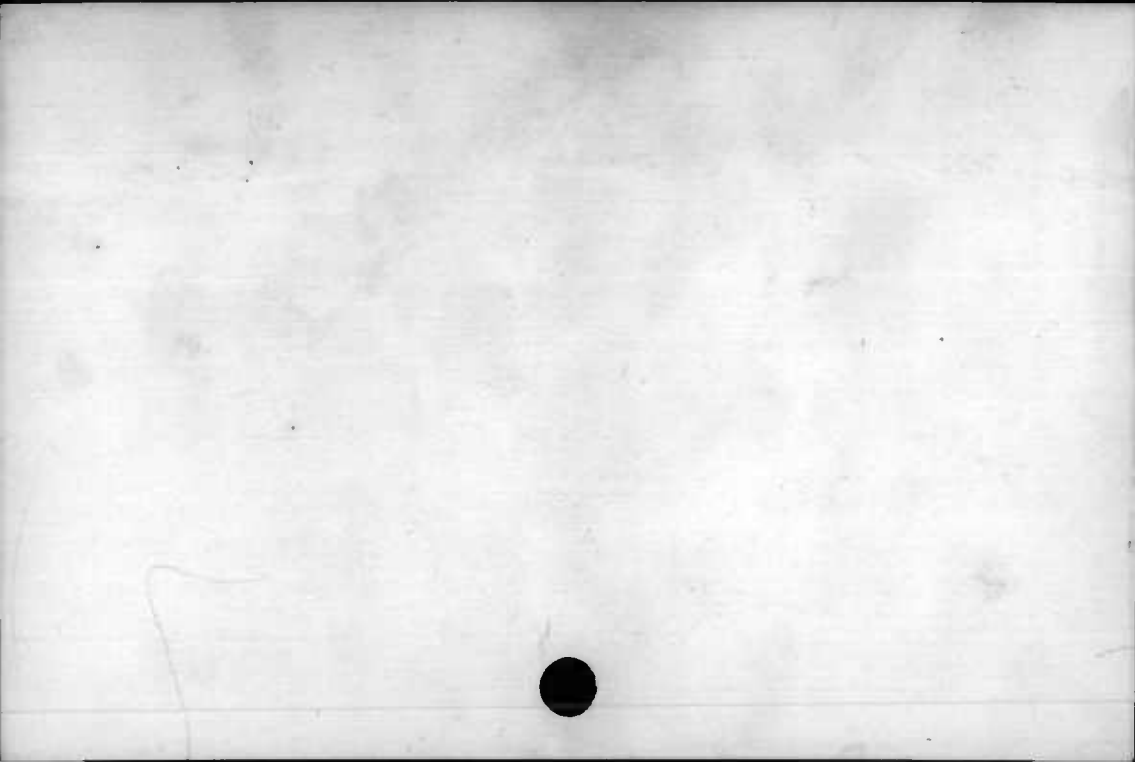
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deals Island</i>		<i>Somerset</i>		County		MARYLAND	
Date of death	1905	Month	June	Day	3	Age	Years
Sex	male	Color or Race	white	Birth-place	md		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		<i>Tad</i>		Mister		Father's Birthplace	
Mother's Maiden Name		<i>Maud</i>		Mister		Mother's Birthplace	
Name of person giving information						How related to deceased	

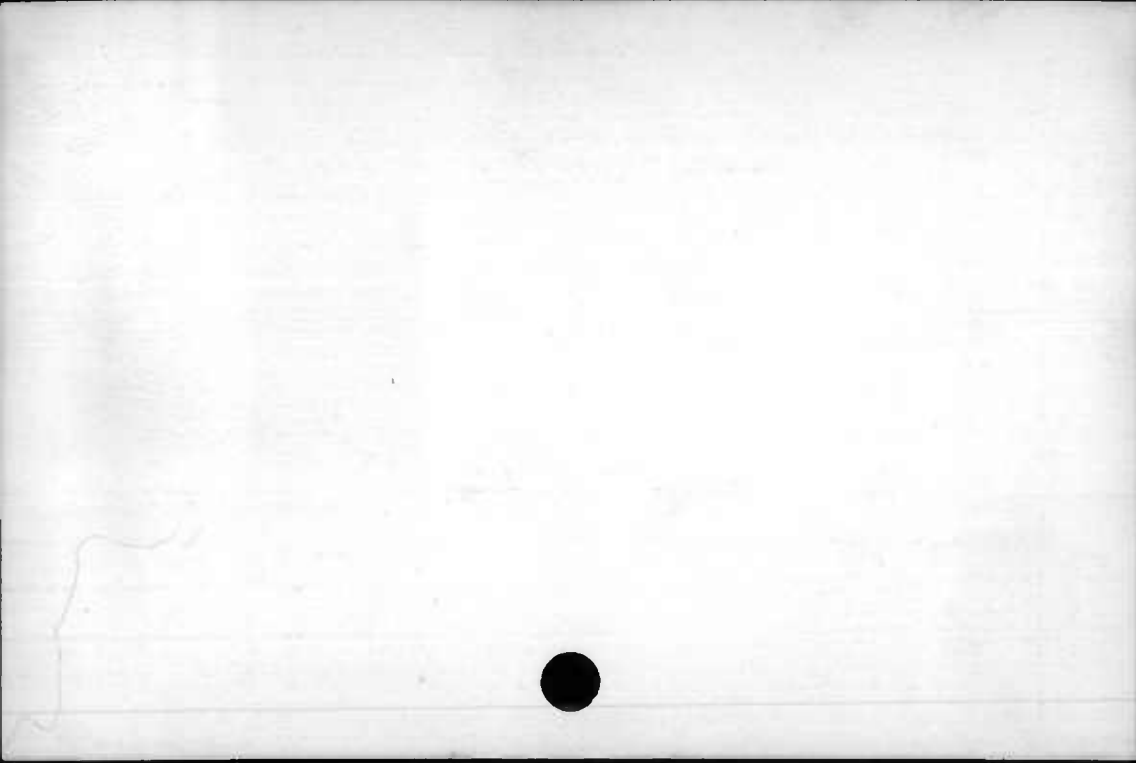
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congenital Debility</i>	How long	<i>Since birth</i>
Immediate	<i>Asthma</i>	How long	<i>Since birth</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. G. Alexander</i>	
		Address	
		<i>Deals Island, Somerset Co.</i>	
Accident or Suicide?			



Name in Full		Clarence R Moore				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Brisfield		County Somerset		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1905		June	26	Age	79	
		Sex	Male	Color or Race	White	Birth- place	Brisfield MA	
		Occupation	Cigar & Fish Dealer		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Christie Moore		
Father's Name		Wm H Moore				Father's Birthplace		Crisfield
Mother's Maiden Name		Drucilla Sbrum				Mother's Birthplace		Crisfield
Name of person giving Information		—				How related to deceased		—
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		Instant
		Lightning				How long		—
		Immediate						
Are the name, age, sex, color, date and place correctly given above?		ye		Signature of Physician		W F Hull		
				Address		Crisfield MA		
Accident or Suicide?								



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at Marion ^{Town} Station

County
Somerset

MARYLAND

Date of death 1901	Month <i>June</i>
------------------------------	----------------------

Day

Age 9 Years

Months

Days

Sex Female

Color or Race *White*

Birth place *Somerset Co., Ind.*

Occupation
House-wif

Where Residing if not
at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *John Thomas Robertson*

Father's Name James L. Lysaker

Father's Birthplace *Sauvot Co, Ind.*

Mother's
Maiden Name *Sallie Dorsey*

Mother's Birthplace *Connersville, Ind*

Name of person giving information James E. Robertson

How related to deceased *Son*

CAUSES OF DEATH

Primary	Pulmonary	Tuberculosis
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How long 14 to 16 years

Immediate Exhaustion

How long 2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician _____

[Handwritten signature]

Address Marion Station

Somerset Co., Ind.

Accident or Suicide?



Name
in
Full

Still Born, No Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Deal's Island.

Town

Somerset

County

Date
of death 1905

Month

June

Day

27th

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Deal's Island.

Occupation

Where Residing if not
at place of death

Deal's Island.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Thomas Scott

Father's
Birthplace

Deal's Island

Mother's
Maiden Name

Tilora Jones

Mother's
Birthplace

Deal's Island

Name of person giving
In formation

Mrs. Amanda J. Harper

How related
to deceased

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary

Craniotomy

How long

Immediate

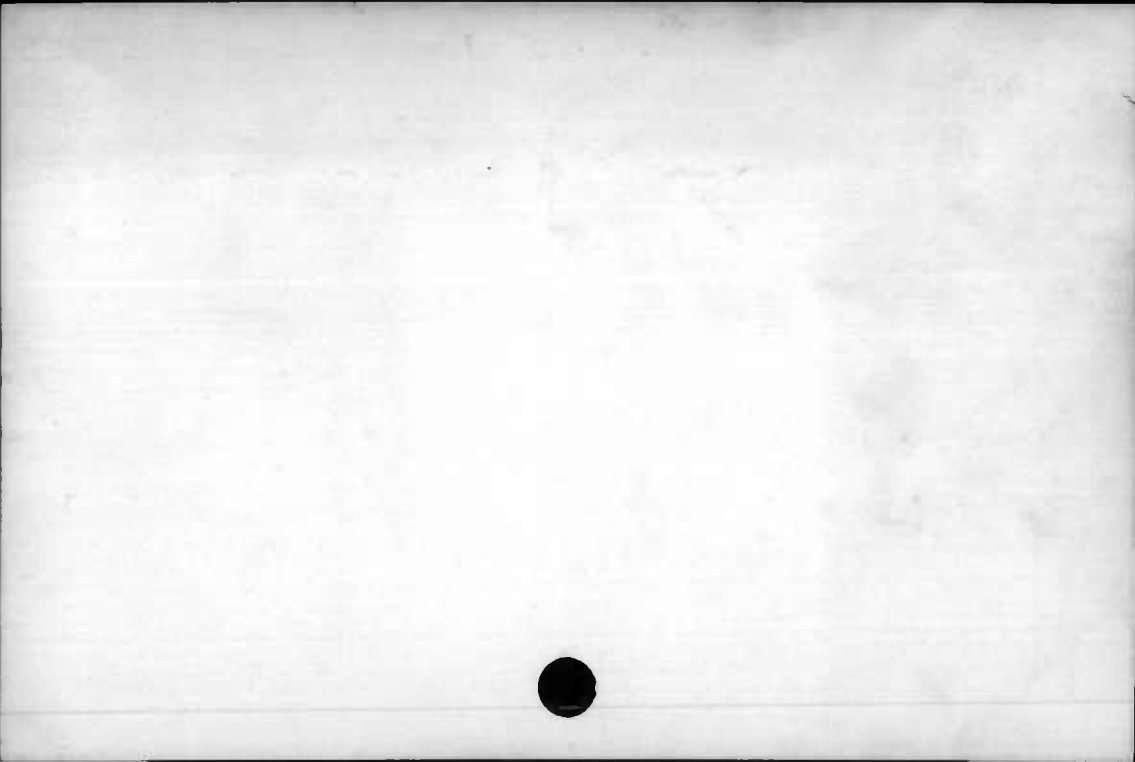
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

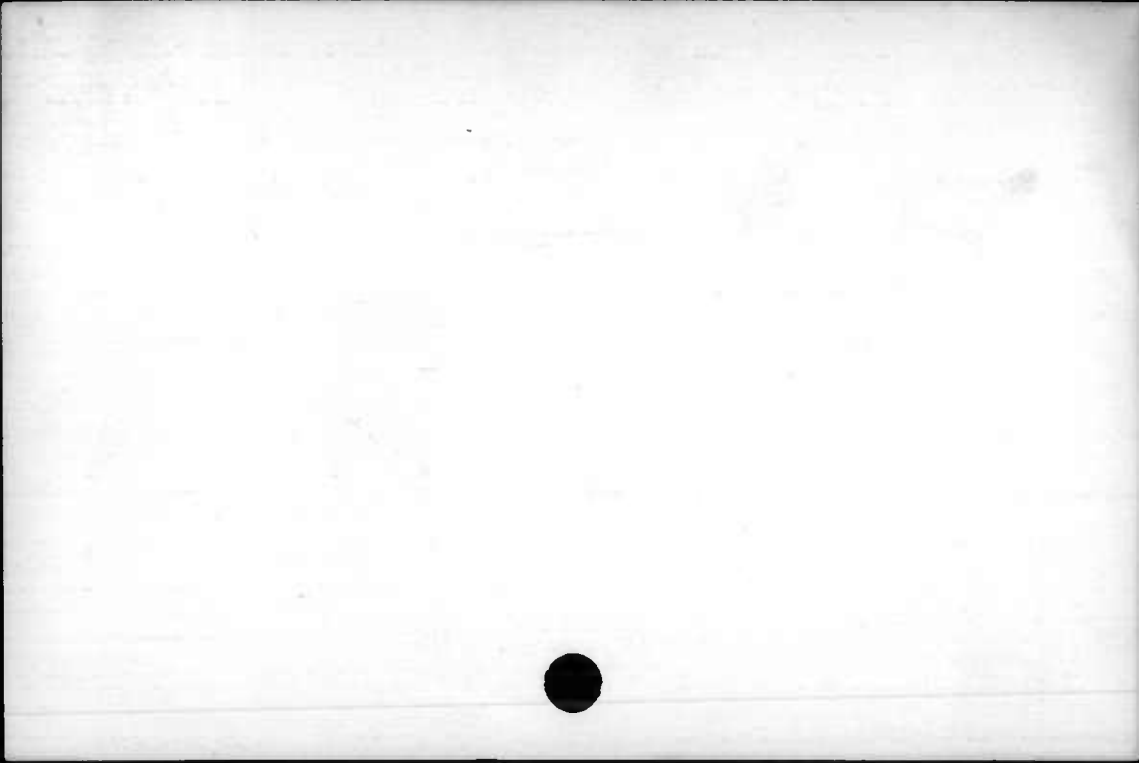
Address

H. G. Alexander,
Deal Island,
Md.

Accident or Suicide?



Name in Full		Scott Henry White				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Lawsonia	County Somerset	MARYLAND		
		Date of death		Month June	Day 13	Years 7	Months 8	Days
		Sex Male		Color or Race Black		Birth- place Lawsonia Md		
		Occupation none		Where Residing if not at place of death				
		Married, Single or Widowed Single		Name of Wife or Husband				
Father's Name		Scott. White				Father's Birthplace Lawsonia Md		
Mother's Maiden Name		Mariah Fisher				Mother's Birthplace Lawsonia Md		
Name of person giving In formation		Scott White				How related to deceased Father		
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary		Pleurisy		How long 2 months		
		Immediate		Empyemum		How long		
		Are the name, age, sex, color, date and place correctly given above?		ye		Signature of Physician H. F. Hall		
						Address Oranfield Md		
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

Isaac Whittington

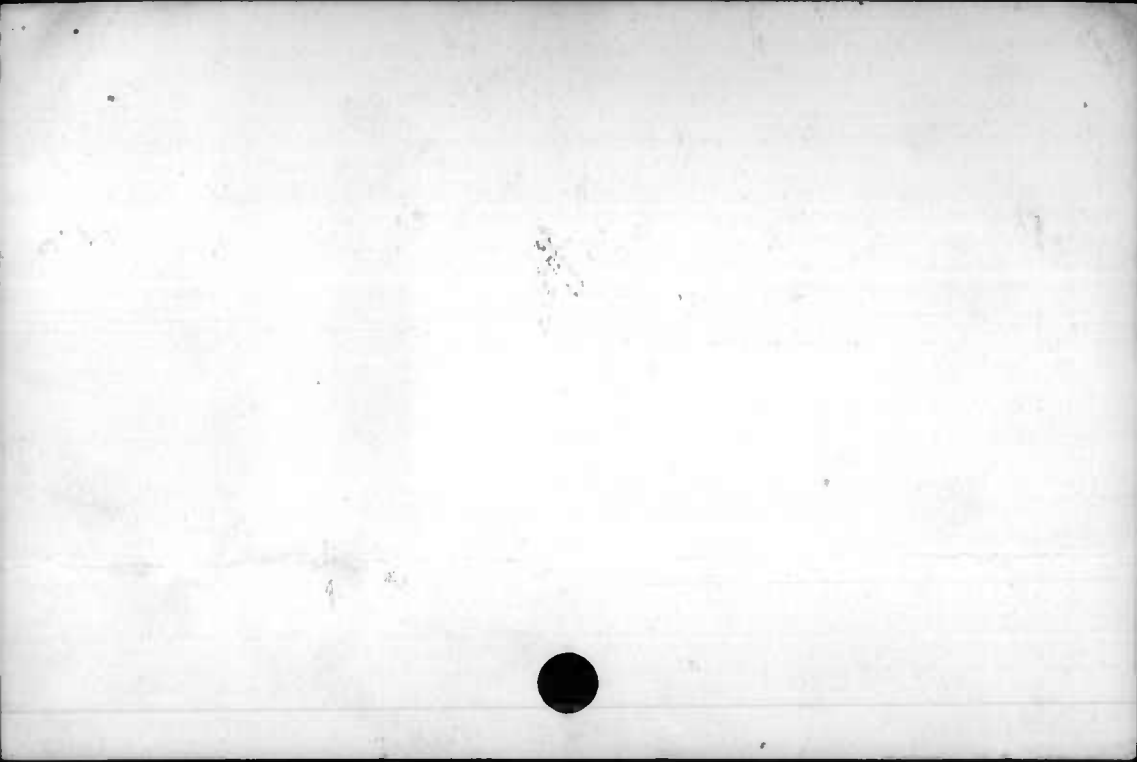
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burnettsville</u> ^{Town}		<u>Don Co</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>4</u> ^{Month}	<u>25</u> ^{Day}	<u>30</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>male</u>	Color or Race <u>negro</u>		Birth-place <u>Burnettsville</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u> </u>				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife <u>Don't know</u> Husband				
Father's Name <u>Don't know</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving Information <u>John Polley</u>	How related to deceased <u> </u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis</u>	How long <u>10 mo</u>
Immediate <u>Collapse</u>	How long <u>2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Fred Adams</u>
	Address <u>1314 N. Charles St Baltimore, Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Edward J. Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jamestown</u> ^{Town}		County <u>Summit</u>		MARYLAND	
Date of death	190	Month	6	Day	30
Age		Years		Months	5
Sex	male	Color or Race	Blk	Birth-place	Jamestown
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Samuel Nelson		Father's Birthplace
Mother's Maiden Name			Katie Nelson		Mother's Birthplace
Name of person giving information			S. H. Hall		How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	3 mo
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	S. H. Hall
	Address	Marysville Md
Accident or Suicide?		

